



Nothing Works Unless You Do.

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RFP Submission Guidelines for Lifestyle-for-Life® Program

General Information

Group Name:	
Street Address:	
City/State/Zip:	
Web Address:	
Type of Business:	
Requested Effective Date:	
Number of Eligible Employees:	
Number of Enrolled Employees:	
Current Carrier:	
Renewal Date:	
Self-Insured or Fully-Insured?	Self-Insured Fully-Insured
Brokerage Agency Name:	
Broker Agent Name:	Yes, Name: _____ No
Requested broker service fee:	
General Agent included?	Yes, Name: _____ No

Company Narrative & Additional Notes: